

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10702430**
APPLICANT(S)

FILING DATE **11.07.08**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DND	DEP	DND	DEP	DND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
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50						
TOTAL IND.	1					
TOTAL DEP.		7				
TOTAL CLAIMS	8					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DND	DEP	DND	DEP	DND	DEP
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